



C L A R E L O C K E

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Mr. James Love  
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***Re: Recent Comments in The Washington Post Regarding Potential COVID-19 Antiviral.***

Dear Mr. Love:

I write on behalf of my client, Ridgeback Biotherapeutics.

In a June 11, 2020 article concerning a potential coronavirus treatment being developed by Ridgeback Biotherapeutics, The Washington Post quoted you as accusing Ridgeback of being a profiteer by “[m]olecule-flipping” its antiviral therapy, EIDD-2801. According to the story, you also suggested that private sector companies have historically been uninterested in developing vaccines and treatments for viral outbreaks in certain “backwater” areas of the globe.<sup>1</sup>

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<sup>1</sup> The article is available online at

<https://www.washingtonpost.com/business/2020/06/11/coronavirus-drug-ridgeback-biotherapeutics/>. Shortly after the article was published, we raised concerns regarding its accuracy with the editors and legal counsel of The Washington Post. In response, The Washington Post corrected the story and issued the following editor’s note: *Clarifications: A previous version of this story gave inadequate prominence to the role of Wendy Holman, the chief executive of Ridgeback Biotherapeutics; it now introduces her by noting her professional status. In addition, this version places greater emphasis on the company’s prior experience developing an Ebola drug and includes mention of the experience of its employees in developing pharmaceutical products.*



Describing Ridgeback's efforts to develop EIDD-2801 as somehow akin to speculative "flipping" of real estate is demonstrably false. Ridgeback has not "flipped" anything and the company continues to invest significant funds, time, and sweat equity to develop a potential cure for the novel coronavirus. On behalf of my client, I demand that you set the record straight by immediately retracting your defamatory remarks.<sup>2</sup>

**I. False Accusations of Profiteering and "Flipping" EIDD-2801.**

Your comment falsely describing Ridgeback as a profiteering "molecule flipper" is simply divorced from the truth. Ridgeback's efforts, vision, and extraordinary financial investment took EIDD-2801 from a potential antiviral languishing in a Petri dish to active manufacturing and human clinical trials. As a result of all of Ridgeback's hard work and strategic partnerships, EIDD-2801 now stands on the cusp of becoming a breakthrough treatment that could curb a global pandemic. While it is true that Ridgeback has entered into a partnership agreement with Merck to jointly develop EIDD-2801, it was Ridgeback CEO Wendy Holman who, after meeting with Dr. George Painter of the Emory Institute of Drug Development, recognized the potential in EIDD-2801 and the need for financial backing to explore even the *possibility* that the drug could ultimately prove to be a viable therapeutic against coronaviruses. In addition to this funding from Ridgeback, which amounted to tens of millions of dollars in financial exposure, Dr. Painter needed an expert team to work with the FDA and move the drug from the laboratory to Phase I human clinical trials. Ridgeback provided that expertise. It was only *after* these efforts from Ridgeback demonstrated the promise of EIDD-2801 that a company like Merck would have become interested in a strategic partnership.

Moreover, your "molecule-flipping" comments imply that Ridgeback will not continue to lead EIDD-2801's development following Ridgeback's partnership with Merck. Nothing could be further from the truth. Ridgeback will continue to *jointly develop* EIDD-2801. Ridgeback has already conducted the Phase I clinical trial and is continuing to conduct multiple Phase II trials. Ridgeback itself has also manufactured, and continues to manufacture, hundreds of thousands of doses of EIDD-2801 at its own expense. It remains deeply invested in the development and potential success of EIDD-2801. These are not the actions of a profiteering "molecule flipper." These efforts confirm Ridgeback's commitment to providing COVID-19 treatment to the public in a fast, safe, and efficacious manner.

Based on the foregoing, we urge you to retract your damaging statements immediately. Ridgeback and its leadership team have worked extremely hard and with great diligence to identify an effective treatment for COVID-19 and mitigate the loss and destruction associated with the ongoing global pandemic. They worked around the clock for months to advance this potential therapy, all while their ten-year-old daughter battled cancer and fought through two surgeries. My clients' commitment to setting the record straight is unwavering and reflected by The Washington Post's correction and editor's note.

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<sup>2</sup> For the avoidance of all doubt, this constitutes a demand for retraction under Florida Statute § 770.02 and all other applicable laws.



## II. Your Disturbing Comments Concerning “Backwater Areas.”

In addition to accusing Ridgeback of “molecule flipping,” The Washington Post attributed the following quote to you:

*“When it was limited to things like Ebola and SARS, you didn’t see much engagement by the private sectors. These were normally backwater areas for neglected disease. People are now rushing in and scaling up.”*

The substance of your statement—as well as the context in which the Post published it—makes it sound as though you are describing Africa (the locus of all Ebola outbreaks) and China/Hong Kong (the most concentrated sites for positive cases of SARS) as “backwater areas,” and suggesting that there is something odd about Ridgeback being involved in developing treatments for viruses that are prevalent in those areas. That is wrong and offensive on two levels.

First, the definition of backwater is “a place or situation in which no development or progress is taking place.” In the last twelve months alone, there have been more scientific advancement for treating Ebola than for any other virus in history. In this short time, Ebola has gone from a horribly deadly to a curable disease. Tremendous scientific and clinical work has been dedicated to achieving this incredible feat – culminating in one vaccine (Merck’s) and two treatments (Regeneron’s and Ridgeback’s) submitted to the FDA for approval. Given this extreme pace of innovation, it is impossible that your quote could mean that Ebola is a scientific backwater, therefore what aspect of Ebola work is backwater? Did you mean to say the geographic region where the work is conducted is backwater? Using the term “backwater” to describe an entire region and its inhabitants is derisive and offensive. It conjures stereotypical “third-world” images that paint people as backwards and undeveloped simply because their skin color and culture may differ from yours. We hope that you did not intend your quote that way, but that is the unavoidable implication of the way the Post chose to use it.

Second, Ridgeback has certainly never viewed these areas as “backwaters” unworthy of investment in the fight against lethal diseases. In fact, Ridgeback has invested countless hours and tens of millions of dollars to bring its Ebola therapeutic, mAb114, to licensure. And although Ridgeback has received \$25 million in assistance from BARDA to defray some amount of development costs, this is only a small fraction of the total investment that Ridgeback has assumed to take mAb114 from a preclinical project to a lifesaving therapy which awaits FDA approval. The company’s commitment to the people of Africa is clear and obvious; not only by its significant monetary investment but also the hundreds of thousands of hours of labor it has expended towards identifying efficacious treatments for Ebola. This significant investment has been driven by the company founders’ belief that Ridgeback should focus its efforts on developing treatments that have a significant impact on health and human suffering. Could there be a better place to focus time, attention and resources? These advancements bear no resemblance to the “backwater” description in the Post’s story.

Ebola is a devastating disease in so many ways. In addition to the clear effect it has on mortality, it also has a crippling effect on families and communities. It tears through both – leaving survivors with long term disabilities, social stigma, and financial ruin. Ridgeback does not believe



that its work in Ebola is any less important than the commercial markets of oncology and cardiology in the United States.

We understand that news articles do not always accurately capture quotes or statements. And we are hopeful that you provided more background information to contextualize your damaging statements, and that this broader intended meaning was lost during the editing process—especially given your decades-long track record of promoting access to pharmaceutical drugs throughout the African continent.

Given all of these facts, Ridgeback respectfully request that you retract your previous statements that unfairly malign and disparage communities that are still reeling from deadly epidemic outbreaks. The people in these communities deserve dignity, respect, and—just as individuals in any population—access to life-saving treatments. There is no legitimate reason to marginalize them as unworthy of our attention simply because they live in regions which others refer to as “backwater areas.”

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I trust that you will respond promptly and treat this with the seriousness Ridgeback deserves.

Very truly yours,

Thomas A. Clare, P.C.